

**APPLICATION FOR EMPLOYEE BENEFIT PLAN  
ADMINISTRATOR LICENSE**

**Ref:** Ch. 633 and ss. 601.72 and 601.73, Wis. Stat.  
Ch. Ins 8, Subch. II, Wis. Adm. Code



State of Wisconsin  
Office of the Commissioner of Insurance  
Agent Licensing Section  
P.O. Box 7872  
Madison, WI 53707-7872  
(608) 266-8699  
<http://oci.wi.gov/agentlic.htm>

Check One:

Original Application

Renewal Application  
Current License #

**INSTRUCTIONS:** This application together with the \$100.00 nonrefundable fee is required for original and renewal licensure, and must be completed and resubmitted by August 1 of each year. Refusal to provide this information will result in denial of license. Personally identifiable information on this form will be matched with information from other states and law enforcement agencies.

**SECTION 1  
PLEASE COMPLETE THE BLANKS AND CHECK THE APPROPRIATE BOXES BELOW**

Business Entity Name			FEIN																													
DBA/Trade Name (if applicable)				State of Domicile																												
Business Address		City	State	Zip																												
Phone Number	Fax Number		Incorporation/Formation Date (month) (day) (year)																													
Mailing Address		P.O. Box	City	State	Zip																											
Contact Person (for questions relating to the application filing)		E-mail Address		Phone Number																												
Type of Organization (check one)	<table><tr><td><input type="checkbox"/> Corporation</td><td><input type="checkbox"/> Partnership</td><td><input type="checkbox"/> Sole Proprietorship</td></tr><tr><td><input type="checkbox"/> Limited Liability Company</td><td><input type="checkbox"/> Limited Liability Partnership</td><td></td></tr><tr><td colspan="3"><input type="checkbox"/> Individual</td></tr><tr><td colspan="3">Name</td></tr><tr><td colspan="3">Social Security #</td></tr><tr><td colspan="3">Wisconsin Agent Licensing #</td></tr><tr><td colspan="3">Address</td></tr><tr><td colspan="3">P.O. Box</td></tr><tr><td>City</td><td>State</td><td>Zip+4</td></tr></table>					<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Limited Liability Partnership		<input type="checkbox"/> Individual			Name			Social Security #			Wisconsin Agent Licensing #			Address			P.O. Box			City	State	Zip+4
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## SECTION II BIOGRAPHICAL INFORMATION

**INSTRUCTIONS:** Include officers and directors.

\*Answer Y for "Yes" and N for "No" for all questions in Section II. If you answer "YES" to any of the questions, it will be necessary for you to attach copies of the documentation listed to your application. Failure to attach the documentation will delay the issuance of your license and may result in the denial of your license. Applications are reviewed on an individual basis after they are received by OCI, and decisions cannot be made prior to receipt of the complete application by OCI.

If this is a renewal application, only include information since last application was provided.

1. Has the business entity or any owner, partner, officer or director ever been convicted of, or is the business entity or any owner, partner, officer or director currently charged with, committing a crime, whether or not adjudication was withheld?  
 "Crime" includes a misdemeanor, felony or a military offense. You may exclude misdemeanor traffic citations and juvenile offenses. "Convicted" includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere, or having been given probation, a suspended sentence or a fine.  
 If you answer yes, you must attach to this application:
  - a) a written statement explaining the circumstances of each incident,
  - b) a copy of the charging document, and
  - c) a copy of the official document which demonstrates the resolution of the charges or any final judgment
2. Has the business entity or any owner, partner, officer or director ever been involved in an administrative proceeding regarding any professional or occupational license?  
 "Involved" means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, a cease and desist order, a prohibition order, a compliance order, placed on probation or surrendering a license to resolve an administrative action. "Involved" also means being named as a party to an administrative or arbitration proceeding which is related to a professional or occupational license. "Involved" also means having a license application denied or the act of withdrawing an application to avoid a denial. You may EXCLUDE terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.  
 If you answer yes, you must attach to this application:
  - a) a written statement identifying the type of license and explaining the circumstances of each incident,
  - b) a copy of the Notice of Hearing or other document that states the charges and allegations, and
  - c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.
3. Has any demand been made or judgment rendered against the business entity or any owner, partner, officer or director for overdue monies by an insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding?  
 If you answer yes, submit a statement summarizing the details of the indebtedness and arrangements for repayment.
4. Has the business entity or any owner, partner, officer or director ever been notified by any jurisdiction to which you are applying of any delinquent tax obligation that is not the subject of a repayment agreement?  
 If you answer yes, identify the jurisdiction(s):
5. Is the business entity or any owner, partner, officer or director a party to, or ever been found liable in any lawsuit or arbitration proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty?  
 If you answer yes, you must attach to this application:
  - a) a written statement summarizing the details of each incident,
  - b) a copy of the Petition, Complaint or other document that commenced the lawsuit or arbitration, and
  - c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.
6. Has the business entity or any owner, partner, officer or director ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct?  
 If you answer yes, you must attach to this application:
  - a) a written statement summarizing the details of each incident and explaining why you feel this incident should not prevent you from receiving an insurance license, and
  - b) copies of all relevant documents.

Name and Title	Date of Birth (mandatory)	Social Security No. (mandatory)	Wisconsin Insurance Intermediary License Number (if applicable)	Section II Answers*					
				1.	2.	3.	4.	5.	6.

**INSTRUCTIONS:**

1. \$25,000; or
2. 10% of the total amount of projected premiums, charges, and claim funds (excluding worker's compensation and warranty plan business) on behalf of Wisconsin residents for your next fiscal year, but not to exceed \$500,000.

1. \$15,000; or
2. 5% of the total amount of projected claim funds (excluding worker's compensation and warranty plan business) on behalf of Wisconsin residents for your next fiscal year, but not to exceed \$250,000.

\$

## INSTRUCTIONS

The undersigned individual, owner, partner, officer or director of the business entity hereby certifies, under penalty of perjury, that: all of the information submitted in this application and attachments is true and complete and I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license or registration revocation and may subject me and/or the business entity to civil or criminal penalties. Where required by law, the individual or business entity hereby designates the Commissioner for which this application is made to be its agent for service of process regarding all insurance matters in the respective jurisdiction and agree that service upon the Commissioner is of the same legal force and validity as personal service upon the individual or business entity. The individual or business entity grants permission to the Commissioner to verify any information supplied with any federal, state or local government agency, current or former employer or insurance company. Every individual or owner, partner, officer or director of the business entity either a) does not have a current child-support obligation, or b) has a child-support obligation and is currently in compliance with that obligation. I authorize the jurisdictions to give any information they may have concerning me to any federal, state or municipal agency, or any other organization and I release the jurisdictions and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information. I acknowledge that I understand and comply with the insurance laws and regulations of the jurisdictions to which I am applying for licensure/registration.

Signature of Applicant	Title
Name (Please Print)	Date

APPENDIX I  
(Sample)

Bond No. \_\_\_\_\_

STATE OF WISCONSIN  
OFFICE OF THE COMMISSIONER OF INSURANCE  
EMPLOYEE BENEFIT PLAN ADMINISTRATOR BOND

I/we \_\_\_\_\_ (name of administrator) \_\_\_\_\_ of the City of \_\_\_\_\_,  
County of \_\_\_\_\_, State of \_\_\_\_\_, an employee benefit plan  
administrator, as principal, and \_\_\_\_\_ (name of surety) \_\_\_\_\_ an insurer authorized to transact  
surety business in Wisconsin, as surety, are held and firmly bound to the Wisconsin Commissioner of Insurance in the  
sum of \_\_\_\_\_ (\$ insert amount of bond) \_\_\_\_\_ for the payment of which I/we bind myself/ourselves, and my/our heirs,  
executors, administrators, successors, and assignees, jointly and severally. This bond is payable to any Wisconsin  
resident who is the beneficiary of an employee benefit plan administered by the principal and to any such plan on behalf of  
the Wisconsin residents who are plan beneficiaries in the event of injury caused by a failure of the principal to fulfill the  
conditions of this bond, but in no event shall the surety's aggregate obligation exceed \_\_\_\_\_ (\$ insert amount of bond) \_\_\_\_\_.

The principal is now, or is applying to become, licensed under s. 633.14, Wis. Stat., as an employee benefit plan  
administrator and is obligated as a licensee to faithfully perform the responsibilities specified under ch. 633, Wis. Stat.,  
and ch. Ins 8, subch. II, Wis. Adm. Code.

If the principal, while this bond is in force and effect, makes a full accounting and due payment to the persons  
entitled to the funds coming into its possession as an incident to employee benefit plan administrator activities, and  
complies with all the provisions of ch. 633, Wis. Stat., and any applicable administrative rules promulgated by the  
Wisconsin Commissioner of Insurance, then the obligation of the surety shall be null and void; otherwise the surety's  
obligation remains in full force and effect.

This bond is effective \_\_\_\_\_ (insert date) \_\_\_\_\_ and is continuous. It may be terminated by the surety, upon  
giving sixty (60) days' advance written notice of its intention to terminate to the Commissioner of Insurance, Madison,  
Wisconsin.

Dated at \_\_\_\_\_ (city) \_\_\_\_\_, \_\_\_\_\_ (state) \_\_\_\_\_, this \_\_\_\_\_ day of  
\_\_\_\_\_, 19 \_\_\_\_\_.

\_\_\_\_\_  
Surety

\_\_\_\_\_  
(Signature of Principal) - Social Security Number

\_\_\_\_\_  
Signature of Company Officer

\_\_\_\_\_  
Signature of Attorney-in-Fact